

provision of appropriate reimbursement to any Title V funded project by Title XIX for services and care provided to Medicaid recipients.

Title V of the Social Security Act as amended through January 1, 1991. Section 505(5)(F)—KDHE which administers the State's program under this Title will: (i) participate in the coordination of activities between such program and the early and periodic screening, diagnosis, and treatment program under section 1905(a)(4)(B) (including the establishment of periodicity and content standards for early and periodic screening, diagnosis, and treatment services), to ensure that such programs are carried out without duplication of effort, (ii) participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11) (relating to coordination of care and services available under this title and title XIX), (iii) participate in the coordination of activities within the State with programs carried out under this title and related Federal grant programs (including supplemental food programs for mothers, infants, and children, related education programs, and other health, developmental disability, and family planning programs), and (IV) provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1902(1)(1) and, once identified, to assist them in applying for such assistance.

B. Regulatory

42 CFR 431.615 requires that the State Title XIX plan include written cooperative agreements with the state health agencies and Title V grantees to assure that Title V recipients eligible for Title XIX (Medicaid) receive services with particular emphasis on EPSDT services.

Therefore, this Agreement is to enable KDHE and SRS of the State of Kansas to carry out the mandate of cooperation contained in the related provisions of the Federal statutes and regulations.

The Department Secretaries are authorized to enter into agreements and make commitments which shall be binding on the operation of the programs of the agencies including Title XIX and Title V programs.

III. Mutual Objectives and Respective Responsibilities

KDHE and SRS will establish financing mechanisms for health care services for Title V and Title XIX, respectively. There shall be mutual quality control procedures used by both agencies. The agencies will share data for use in program planning and evaluation and to meet federal reporting requirements. The two agencies have jointly committed major fiscal and personnel resources to improve the quality of health services provided statewide and to assure access to appropriate health services. It is understood by the parties to this agreement that the goal is to be attained within the constraints of available resources. It is therefore agreed that potential benefits from cooperation between KDHE and SRS, in the attainment of the goal of this Agreement, include the following:

A. Promotion of continuity of care;

- B. Sharing of medical, social and technical expertise through staff consultations;
- C. Reduction of duplication of effort;
- D. Efficient allocation of resources based on need;
- E. Utilization of Title V overmatch to provide Title XIX services.
- F. Achievement of greater accountability in regard to outcome.

Enhanced and expanded health-care services to mutual clients and the improvement of the health of the citizens of the State of Kansas are inherent benefits of this agreement.

It is further agreed by the parties that each shares responsibility in the attainment of the following mutual objectives:

1. To increase access to programs for Kansans by mutual efforts of the state agencies.
2. To maximize resources and expertise of KDHE and SRS in order to increase the quality and continuity of care for eligible clients.

IV. Eligible Populations

The programs conducted by the parties to this Agreement have different, although overlapping, eligible populations and distinct target groups for specific services within eligible populations. The following descriptions are set out in order to define populations which may be impacted by this Agreement.

A. KDHE - Division of Health

The eligible population for maternal and child health program services are all women of childbearing age and children up to age twenty-one (21). Men and special populations such as migrants and refugees over the age of 21 may be eligible for services of other categorical programs. Men are also eligible for services in the tuberculosis, substance abuse and family planning programs.

B. SRS

All individuals presently living in Kansas who meet the eligibility criteria for Public Assistance, Medical Assistance, and the Food Stamp Program in accordance with KAR Chapter 30, Article 4 and federal rules and regulations.

V. Program Areas

Programs subject to the terms of this agreement include but are not limited to:

A. General MCH Services

KANSAS MEDICAID STATE PLAN

Attachment 4.16-A

Page 8

KDHE/SRS

- B. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
 - o Expanded Nutrition Services for High Risk Children
 - o Enhanced Provider Participation
- C. Services for Children with Special Health Care Needs (SHS)
- D. Prenatal Health Promotion/Risk Reduction
 - o Expanded Nutrition Services for High Risk Pregnant Women
 - o Expanded Social Work Services
- E. Newborn/Postpartum Home Visit
- F. WIC/Medicaid Referral
- G. Commodity Supplemental Food Program (CSFP)
- H. Family Planning
- I. Migrant Program
- J. Refugee Program
- K. Services for Tuberculosis
- L. Immunizations
- M. Substance Abuse Services

JUL 01 1993

A. GENERAL MATERNAL AND CHILD HEALTH (MCH) SERVICES

The Kansas Department of Health and Environment (KDHE) goal for maternal and child health programs and services is to prevent morbidity and mortality for mothers and children by facilitating the provision of services at the community level for the target population. To accomplish this goal, KDHE contracts with local agencies to provide services designed to assure mothers and children, particularly those with low income or limited availability of or access to quality health care. Title V projects are the local agencies that provide MCH services funded in full or in part by Title V funds including: M&I, Healthy Start, MCH.

The purpose of this section is to describe the cooperative agreement between KDHE and the Kansas Department of Social and Rehabilitation Services (SRS) in relation to general MCH programs/services:

Some other specific examples of Maternal and Child Health services include the following: children and youth, dental, and WIC. In addition, the newborn home visit and prenatal risk reduction services are described in detail in Sections D and E of this agreement.

o HEALTH CARE SERVICES**KDHE will:**

1. Support through consultation and funding (if available) maternal and child health projects at the community level.
2. Provide SRS with documentation of Title V overmatch.
3. Report to SRS, documented concerns relating to health services availability and/or barriers for Medical Assistance clients.
4. Identify and establish standards for maternal and child health services for potential Medical Assistance reimbursement.

SRS will:

1. Identify maternal and child health services to be covered by Medical Assistance, utilizing KDHE consultation.
2. Work with KDHE and local providers to resolve barriers to health care services.

o PROGRAM INFORMATION AND SERVICE**KDHE will:**

1. Provide to SRS a copy of the current Kansas maternal and child health program plan and updates, as necessary.

2. Designate staff, upon request, to participate on SRS permanent and/or ad hoc committees related to maternal and child health programs and services.
3. Request participation of SRS staff on permanent and/or ad hoc committees relating to Medical Assistance reimbursable maternal and child health services, as appropriate.
4. Promote early identification and referral of individuals to SRS who may be eligible for Medical Assistance benefits.
5. Promote cooperative program planning and monitoring of maternal and child health efforts at the state and local levels.
6. Encourage local health departments and agencies to provide follow-up and outreach activities for Medical Assistance clients.
7. Provide state and local SRS offices with maternal and child health program brochures for distribution to Medical Assistance clients.

SRS will:

1. Provide a copy of the Medical Assistance State Plan with updated amendments to KDHE.
2. Designate staff, upon request, to participate on KDHE formal and/or ad hoc committees related to Medical Assistance maternal and child health programs and services.
3. Request participation of KDHE staff on permanent or ad hoc committees related to maternal and child health programs and services, as appropriate.
4. Inform and refer, when appropriate, Medical Assistance applicants or recipients to appropriate public health programs and/or services in the client's community.
5. Facilitate dissemination of program/service brochures to local SRS offices.
6. Participate with KDHE in cooperative program planning and monitoring of maternal and child health services covered by Medical Assistance.
7. Provide KDHE and local health departments with SRS program brochures related to maternal and child health services.

o COLLABORATION, CONSULTATION AND CONTINUING EDUCATION**KDHE will:**

1. When applicable, attend workshops held by SRS related to maternal and child health Medical Assistance services.
2. Respond to questions and issues presented by Medical Assistance staff or recipients related to maternal and child health programs and services.

3. Discuss client referrals to Medical Assistance during consultation and continuing education presentations.
4. Facilitate continuing education programs for public health staff providing maternal and child health services.
5. Inform and/or invite SRS staff to maternal and child health conferences and programs.
6. Provide perinatal statistics or other data to SRS, on request.
7. Establish standards and guidelines for maternal and child health programs including services for pregnant women and children under the Medical Assistance Program.
8. Provide consultation, on request, from the Kansas Regional Perinatal Program Medical Council, Office of Nutrition and Health, and Dental Program regarding perinatal services and issues.
9. Participate with SRS in evaluating the impact of Medicaid case management programs on local health department services and client access.

SRS will:

1. When applicable, attend workshops held by KDHE or local health departments relating to maternal and child health programs/services.
2. Respond to questions and issues presented by KDHE relating to Medical Assistance.
3. Inform and/or invite KDHE staff to SRS sponsored conferences and programs related to Medical Assistance maternal and child health services.
4. Provide copies to KDHE of reports relating to maternal and child health programs, services, and studies.
5. Utilize, when appropriate, the Kansas Regional Perinatal Program and Medical Council for consultation relating to perinatal services and issues.
6. Include KDHE staff in the evaluation of the Medical Assistance case management program's impact on maternal and child health services in the public and private sectors.

o FEES AND REIMBURSEMENT**KDHE will:**

1. Upon request, provide technical assistance to SRS for setting Medical Assistance rates for maternal and child health services.
2. Assist local agencies to obtain Medical Assistance reimbursement for services provided.

3. Utilize Title V overmatch for Title XIX maternal and child health services.

SRS will:

1. Assure availability of a list of Medical Assistance maximum allowable rates for procedures and updates, as necessary.
2. Assist local agencies, through the SRS fiscal agent, to obtain correct reimbursement for services provided.
3. Provide reimbursement for the following services: maternal and infant (prenatal), prenatal risk reduction, and newborn home visits.

B. KAN-BE-HEALTHY

Early and periodic screening, diagnosis and treatment (EPSDT) is a federally mandated program under Title XIX-Medicaid. It is called Kan-Be-Healthy in Kansas. It is a preventive health program for Medicaid recipients under age 21 and MediKan recipients under age 18. The objectives of the program are to foster good health through the early detection and treatment of conditions which, if left untreated, could become more chronic and handicapping.

KDHE will:

1. Establish standards for screening, diagnosis and treatment, and evaluation in accordance with HCFA guidelines, and, in cooperation with other medical, dental, health, and educational representatives.
2. Establish educational standards and criteria for professional staff of KAN-Be-Healthy providers.
3. Designate the KDHE staff to serve as members of the KAN-Be-Healthy Advisory Committee.

SRS will:

1. Adopt standards for screening, diagnosis and treatment, and evaluation, as developed by KDHE in accordance with HCFA guidelines, and, in cooperation with other medical, dental, health and education representatives.
2. Adopt educational standards and criteria for professional staff of KAN-Be-Healthy providers.
3. Develop and provide provider manuals to Medicaid providers who perform KAN-Be-Healthy screenings.
4. Determine reimbursement rates, payment codes and billing/claims procedures.
5. Enroll qualified providers to perform KAN-Be-Healthy screenings.
6. Determine Medicaid eligibility and assist client to choose a health care provider.
7. Explain and offer KAN-Be-Healthy to each applicant for Medical Assistance.
8. Offer, arrange and provide transportation and scheduling assistance for the client to obtain screening, diagnosis and treatment.
9. Maintain communications with providers and KDHE through the use of bulletins and other mechanisms.
10. Maintain an KAN-Be-Healthy Advisory Committee and support of activities.

4. Designate qualified local providers for delivering high risk nutrition services.
5. Provide technical assistance and consultation to service providers.
6. Assure that state match dollars are available prior to the start of the fiscal year and notify SRS prior to the beginning of a calendar quarter in the event funding will not be available.
7. Provide a certification statement to SRS within three weeks after the end of a quarter stating that state general funds were available to match the federal funds.
8. Require each local agency that receives more than \$25,000 to have a circular A-128 audit and follow-up on any findings including return of funds if necessary.
9. Accept responsibility for federal financial penalties or adjustments which result if it is found on retrospective review or audit that state general funds were not available to match federal funds.

SRS will:

1. Approve expanded nutrition service content/units of service as an addition to the EPSDT Program.
2. Determine reimbursement levels for service.
3. Enroll qualified local providers and designate those approved for this service.
4. Provide workshops, manuals, and technical assistance regarding billing procedures for service providers.
5. Determine client eligibility for Medical Assistance.
6. Provide information about high risk nutrition services for KAN-Be-Healthy clients who are identified at nutritional risk.

SRS and KDHE will:

1. Promote early identification of KAN-Be-Healthy high risk nutrition clients and use of KAN-Be-Healthy program services.
2. Implement utilization review procedures.
3. Evaluate impact of services on child health outcomes for service recipients through cooperative sharing of outcome/statistical data.

11. Request appointment of KDHE staff to serve as members of KAN-Be-Healthy Advisory Committee.
12. Reimburse providers for KAN-Be-Healthy services.
13. Reimburse KDHE for the costs of establishment and implementation of standards for Medicaid providers who perform KAN-Be-Healthy screenings.

KDHE and SRS will:

1. Participate in the identification of service providers or agencies for KAN-Be-Healthy.
2. Provide consultation and technical assistance to providers in the management and implementation of KAN-Be-Healthy services.
3. Develop protocols and procedures for making referrals for services of KDHE and SRS.
4. Provide timely information on development and implementation of any administrative and/or fiscal change which will/may impact on mutual clients.
5. Develop and implement an outreach program with local health agencies.
6. Market, promote and advertise the KAN-Be-Healthy and other child health programs throughout the state, with each agency providing the necessary materials.
7. Appoint staff to promote liaison between KDHE and SRS at regular meetings.
8. Collaborate on reports and review the data provided by SRS related to KAN-Be-Healthy services.

o EXPANDED NUTRITION SERVICES FOR HIGH RISK CLIENTS

Expanded nutrition services for high risk Medicaid children will be provided by registered/licensed dietitians through authorized local providers. The purpose of expanded nutrition services is to provide ongoing nutrition assessments and risk appropriate interventions for high risk children and to ensure they are current on KAN-Be-Healthy screens.

KDHE will:

1. Develop service description, risk criteria, assessment and intervention protocols and referral/follow-up guidelines, as an addition to the KAN-Be-Healthy Nutrition Screening Tools.
2. Define entry point/referral process to initiate receipt of high risk nutrition services.
3. Recommend number of contacts/service units for services and related reimbursement levels.